



Mail Stop Amendment TRANSMITTAL FORM <i>(To be used for all correspondence after initial filing)</i>		Application Number	10/622,562
		Filing Date	July 18, 2003
		Confirmation Number	4794
		Inventor(s)	HO
		Group Art Unit	3743
Express Mail Label No.: EL 997384708 US		Examiner	Patel, M.
Total Number of Pages in This Submission: 28		Attorney Docket No.	01-12

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <i>(submit in duplicate)</i>	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> Issue fee Transmittal Form PTOL-85(b) + (c) and Cover Sheet
<input type="checkbox"/> Fee Attached \$ <input type="text"/>	<input type="checkbox"/> Cover Sheet	<input type="checkbox"/> After Allowance Communication to Group
Check No.: <input type="text"/>	<input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Request for Return of PTO-1449 Forms	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to the Commissioner	<input type="checkbox"/> Request for Continued Examination (RCE)
<input type="checkbox"/> Affidavits / Declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Request Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Address	<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer(s)	<input type="checkbox"/> Request for Refund
<input type="checkbox"/> Form PTO-1449	<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Response to Missing Parts / Incomplete Application
<input type="checkbox"/> Cited References	<input checked="" type="checkbox"/> Certificate of Mailing by Express Mail	
<input type="checkbox"/> Search report		
<input checked="" type="checkbox"/> Drawing(s): Number of Pages <u>5</u>	<input type="checkbox"/> Other Enclosure(s): _____	
Number of Figs. <u>1-5</u> and cover sheet		
<input checked="" type="checkbox"/> Formal		
<input type="checkbox"/> Informal		

Current Due Date: December 9, 2005 (one month extended)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Individual and Company	Timothy Nathan, Reg. No. 44,256 RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrysville PA, 15668
Signature	
Date	November 18, 2005

CERTIFICATE OF MAILING			
I hereby certify that this correspondence and all enclosures are being deposited with the United States Postal Service with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: <u>November 18, 2005</u> , Express Mail Label No. <u>EL 997384708 US</u> .			
Typed Name	Timothy Nathan, Reg. No. 44,256		
Signature		Date	November 18, 2005



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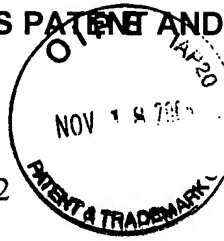
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of

Inventor : HO
Appln. No. : 10/622,562
Conf. No.: : 4794
Filed: : July 18, 2003
Title: : HEADGEAR FOR USE WITH A PATIENT INTERFACE
DEVICE
Group Art Unit : 3743
Examiner : Patel, M.
Docket No. : 01-12



* * * * *

November 18, 2005

FILING OF FORMAL DRAWINGS

Hon. Commissioner of Patents
and Trademarks
Washington, D.C. 20231

Sir:


Please accept herewith the 5 sheets of formal drawings on 8½x11 size paper of Figs. 1-5;

☒ which are in lieu of the informal drawing(s) filed earlier; and/or

☒ which include the corrections required by the Examiner in the Official Action dated August 9, 2005.

Each sheet of drawings includes the identifying indicia suggested in 37 C.F.R. § 1.84 (c) on the front of the drawing.

Respectfully submitted,

By 

Timothy Nathan

Reg. No.: 44,256

Tel. No.: (724) 387-4435

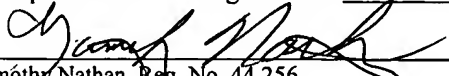
Fax No.: (274) 387-5021

RESPIRONICS, INC.
1010 Murry Ridge Lane
Murrysville, PA 15668

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8(a)

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